

# **USAID's Family Planning and Reproductive Health Assistance in Turkey**



## **1998 ANNUAL REPORT**

**Cover Photo by John Kunstadter 1998**

## ***EXECUTIVE SUMMARY***

---

USAID's interventions in family planning and reproductive health have helped increase contraceptive use, lower abortion rates, and reduce fertility in Turkey. Additional USAID assistance is needed to ensure the sustainability of these gains. Under a sustainability plan coordinated with the GoT, USAID began a gradual reduction in population funding in the mid-1990s. Decreases in assistance have been carefully planned in accordance with the GoT as a part of USAID's phase-down plan. USAID program consolidation and the gradual termination of contraceptive commodities donations have been a part of USAID's sustainability plan for population activities in Turkey.

Turkey's current population of approximately 65 million is growing at a rate of 1.6% per year. At this rate, the population will double in 45 years, to over 130 million people by the year 2044. Turkey ranks among the top 10 largest demographic countries in the USAID Population, Health and Nutrition Center's portfolio and ranks as the 17<sup>th</sup> most populous country in the world.

While overall contraceptive prevalence is high in Turkey, only 37.7% of married women use modern contraceptive methods, a figure lower than that of many other developing countries (DHS, 1998). A large percentage of couples (26%) use traditional methods, particularly withdrawal (DHS, 1998). The use of less effective traditional methods results in large numbers of unplanned pregnancies and abortions.

The USAID Population Program is managed from the U.S. Embassy in Ankara by two population advisors with support from the Embassy's Deputy Economic Counselor. The population advisors collaborate closely with the other members of the Turkey Joint Programming Team in Washington. The Team consists of members from USAID's Global Bureau and the ENI (Europe and Newly Independent States) Bureau. USAID-funded cooperating agencies (CAs) are responsible for project implementation and work closely with the Ministry of Health, SSK, universities, non-governmental organizations, and private sector representatives.

CAs implement projects primarily in the areas of clinical training, policy, social marketing, management and communication for family planning and reproductive health. Under the program's recently revised Strategic Plan, the two major areas of focus are:

- ◆ Improved policies for family planning and reproductive health systems, and
- ◆ Improved quality of family planning reproductive health services.

## **EXECUTIVE SUMMARY**

---

### **Program highlights for FY 1998:**

- ◆ The USAID program and its partners began the yearlong process of developing a revised strategic plan in early 1998. The MEASURE 2 Project helped design a cutting-edge monitoring plan to track improvements in the quality of services. FPMD played an important role in local coordination, data collection and analysis for the monitoring plan
- ◆ Through the AVSC-led postabortion family planning initiative, USAID helped dramatically reduce abortion rates. The abortion rate fell from 18 per 100 pregnancies in 1993 to 14.5 in 1998.
- ◆ With AVSC's leadership in expanding sterilization availability, the prevalence of tubal ligation increased from 2.9% in 1993 to 4.2% in 1998
- ◆ Under the USAID contraceptive self-reliance initiative, the POLICY Project began finalizing the phase-out of contraceptive donations to the public sector. 1998 was the last year that USAID budgeted for contraceptives and the first year that the MoH made a substantial purchase of contraceptives.
- ◆ Members of the KIDOG NGO network met with Turkish President Suleyman Demirel to secure his pledge for additional family planning funding. The POLICY Project-supported advocacy campaign resulted in President Demirel's commitment to a 10-fold increase in funding for contraceptive commodities.
- ◆ The SOMARC project worked with pharmaceutical companies Schering and Eczacibasi to improve the availability and use of injectable contraceptives. SOMARC negotiated with the pharmaceutical companies to conduct detailing visits and developed a package of consumer advertising materials on injectables, including television advertisements.
- ◆ JHU/PCS developed a training-of-trainers (TOT) curriculum to improve providers' interpersonal communication skills. By improving providers' ability to communicate accurate information to clients, USAID will help dispel misinformation about modern family planning methods and improve clients' use of those methods.
- ◆ JHPIEGO secured the active participation of MoH staff in the midwifery school training program. The training of midwives is an important step toward improving clients' access to family planning services, by making those services available through large numbers of skilled providers.
- ◆ USAID and UNFPA joint-funded the 1998 Demographic and Health Survey for Turkey.

# ***TABLE OF CONTENTS***

---

Executive Summary .....	i
Table of Contents.....	iii
List of Abbreviations .....	iv
Background .....	1
Strategic Planning.....	4
Program Progress in FY 1998	
Policy .....	7
Quality .....	10
Program Management, Coordination and Implementation.....	15
Appendix: Joint Programming Team and CAs Contact List .....	17

## ***LIST OF ABBREVIATIONS***

---

<b>CA</b>	Cooperating Agency
<b>CMS</b>	Commercial Market Strategies Project
<b>DHS</b>	Demographic and Health Survey
<b>EU</b>	European Union
<b>FPMD</b>	Family Planning Management Development Project
<b>FP/RH</b>	Family planning and reproductive health
<b>GoT</b>	Government of Turkey
<b>GTZ</b>	German Technical Cooperation
<b>IEC</b>	Information , education and communication
<b>IUD</b>	Intrauterine device
<b>JHPIEGO</b>	Johns Hopkins Program for International Education in Reproductive Health
<b>JHU/PCS</b>	Johns Hopkins Population Communication Services Project
<b>JICA</b>	Japanese International Cooperating Agency
<b>JPT</b>	Joint Programming Team
<b>KIDOG</b>	NGO Advocacy Network for Women (translation from Turkish)
<b>MIS</b>	Management information systems
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-governmental Organization
<b>SSK</b>	Social Insurance Organization
<b>UNFPA</b>	United Nations Fund for Population Activities

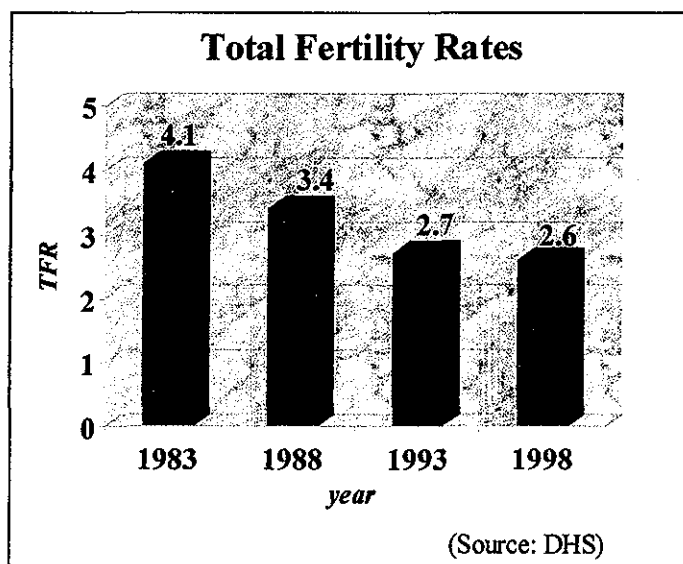
## ***BACKGROUND: Population, Fertility and Family Planning Status***

---

Turkey's current population of approximately 65 million people is growing at a rate of 1.6% per year. At this rate, the population will double in 45 years, to over 130 million people by the year 2044. Turkey ranks among the top 10 largest demographic countries in the USAID Population, Health and Nutrition Center's portfolio and ranks as the 17<sup>th</sup> most populous country in the world.

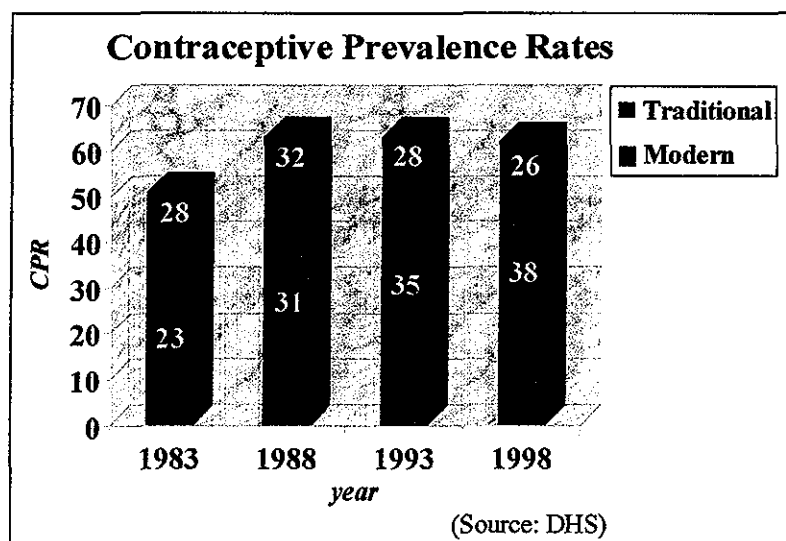
### **Fertility and contraceptive use**

Preliminary results from the recently-completed 1998 Demographic and Health Survey illustrate positive family planning program accomplishments.



The total fertility rate declined from 5.9 to 2.6 between 1971 and 1998 and total contraceptive prevalence increased from 38 percent to 64 percent between 1978 and 1998. However, due to couples' reliance on less effective traditional methods and due to the inadequate quality of family planning services, unplanned pregnancy and abortion remain at high levels.

While overall contraceptive prevalence is high in Turkey, only 37.7 percent of married women use modern contraceptive methods, a figure lower than that of many other developing countries (DHS, 1998).



## ***BACKGROUND: Population, Fertility and Family Planning Status***

---

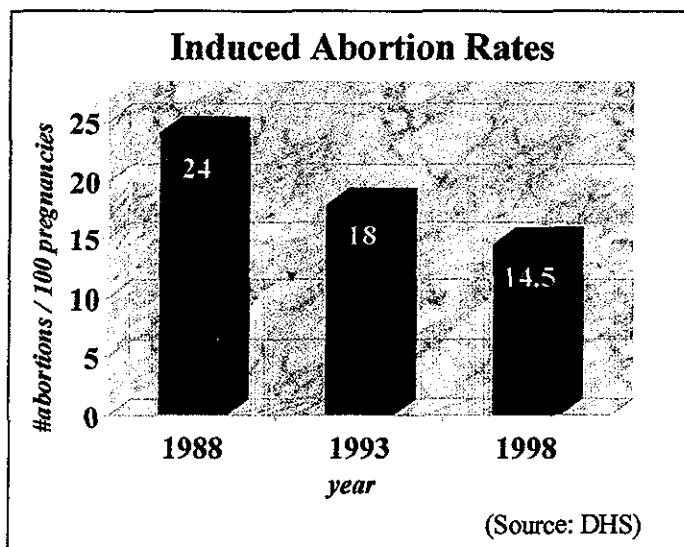
A large percentage of couples (26%) use traditional methods, particularly withdrawal (DHS, 1998). The use of less effective traditional methods results in large numbers of unplanned pregnancies and abortions.

### **Demand for family planning**

Clearly, a significant demand for family planning and reproductive health (FP/RH) services exists in Turkey. Results from the 1998 DHS indicate that 66% of currently married women want no more children and an additional 14% want to wait at least two years before having another child. The substandard quality of FP/RH services is a major impediment to meeting the needs of Turkish couples. This is reflected most clearly by the high rates of abortion. Many abortions are the result of unplanned pregnancies due to the failure of traditional family planning methods, such as withdrawal.

### **Successful reduction in abortion**

With the help of USAID, abortion rates in Turkey have fallen dramatically over the last several years. While the rate was extremely high at 24 per 100 pregnancies in 1988, it was reduced to 18 by 1993 and to 14.5 by 1998. Through the postabortion family planning initiative, USAID has helped forge a much-needed link between abortion clients and quality family planning services.

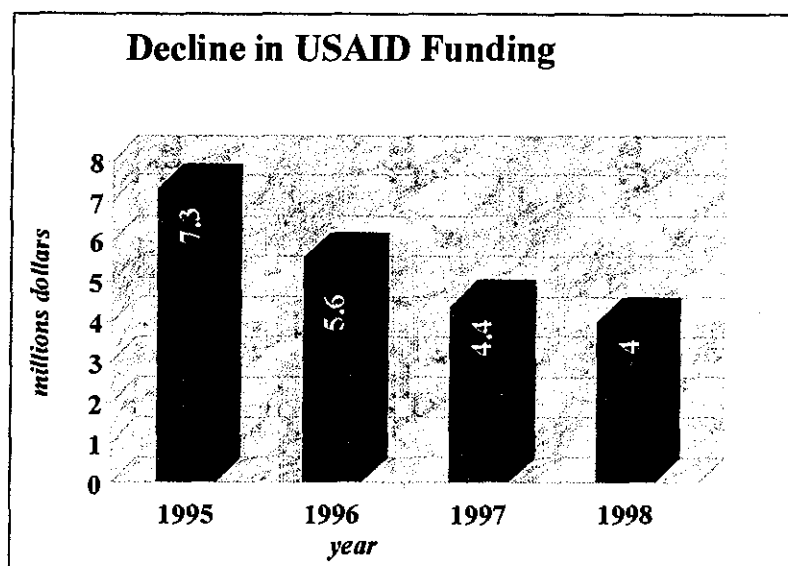




## ***BACKGROUND: USAID Assistance***

---

USAID has been providing population assistance funds to Turkey since the late 1970s. As demonstrated by the previous figures, USAID's interventions in family planning and reproductive health have helped increase contraceptive use, lower abortion rates, and reduce fertility significantly. Additional USAID assistance is needed to ensure the sustainability of these gains. Under a sustainability plan coordinated with the GoT, USAID began a gradual reduction in population funding in the mid-1990s. Decreases in assistance have been carefully planned in accordance with the GoT as a part of USAID's phase-down plan. USAID program consolidation and the gradual termination of contraceptive commodities donations have been a part of USAID's sustainability plan for population activities in Turkey.



## **STRATEGIC PLANNING:**

---

### **Revised Strategic Plan**

In order to better address the reproductive needs of Turkish couples, the USAID program dedicated FY 1998 to revising its strategic plan. The strategic plan will be finalized in early 1999. The 1999 - 2003 strategic plan will help consolidate USAID interventions in family planning and reproductive health in order to achieve greater public health impact over the coming years.

### **Assessment of the USAID/Turkey Program**

The revised Strategic Plan takes into account many recommendations from the 1997 "Assessment of USAID's Population Assistance Program in Turkey." USAID / Washington conducted this external assessment in early FY 1998 to evaluate the progress of the population program and to make recommendations for revising the Strategic Plan.

The assessment team recommended continued and additional emphasis on the following areas:

#### **Overall program recommendations:**

- Development of quantified, annual performance indicators
- Better integration of program elements to achieve greater impact
- Inclusion of sustainability measures in all interventions
- Design of interventions to be replicable on a wide scale

#### **Project-specific recommendations:**

- Focus on providing postabortion and postpartum family planning services in the public and private sectors
- Establishment of a contraceptive targeting strategy for the MoH
- Improved distribution and use of IEC materials
- Focus on promoting DMPA in the private sector
- Expansion of minilap and vasectomy services
- Strengthening of midwifery training

### **Program priorities**

USAID and its partners have developed an extremely focused strategy, which concentrates activities and better tracks program outcomes. Priority activities will include only those certain to make a significant impact on women's health, fertility and population growth. The revised strategy focuses on two major programmatic areas:

# **STRATEGIC PLANNING**

---

- Improved policies for family planning and reproductive health systems
- Improved quality of family planning and reproductive health services.

## **Monitoring & evaluation plan**

The strategic plan includes a cutting-edge monitoring plan to help track programmatic improvements in FP/RH services. The monitoring and evaluation plan makes use of data from several sources: 1) DHS, 2) rapid assessment quality surveys 3) administrative, service and financial records, and 4) self-assessment tools. The 1998 DHS was completed in fall of 1998 by the MEASURE 1 project and serves as part of the baseline for the monitoring and evaluation plan. With assistance from the MEASURE 2 project, FPMD collected and analyzed baseline data from the rapid assessment quality survey in Istanbul in the fall of 1998.

## **Baseline indicator results**

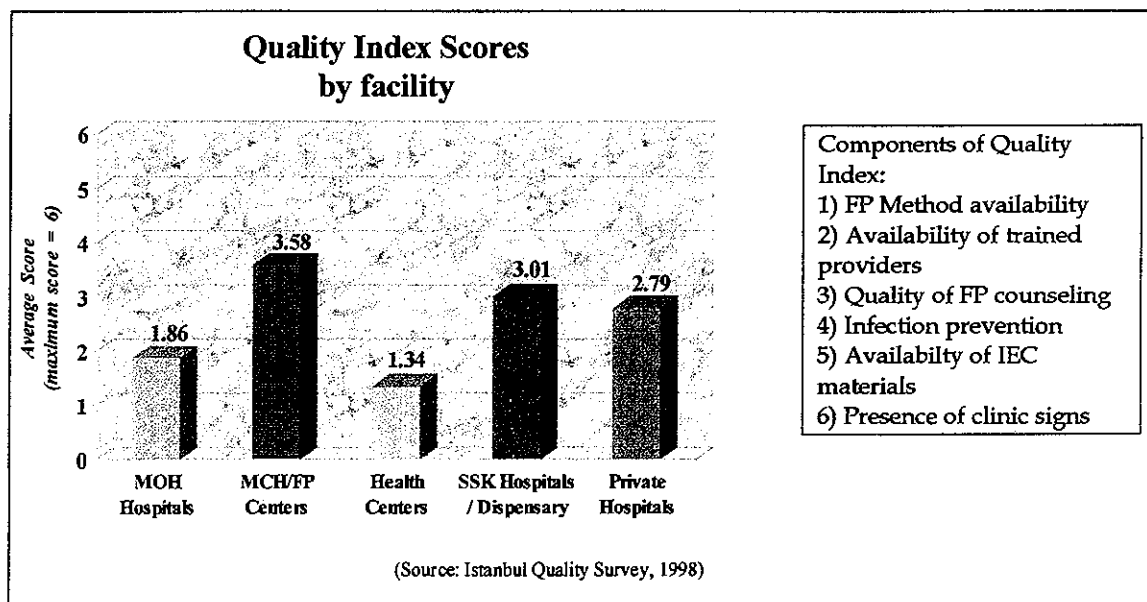
USAID used data from these sources to construct a set of 15 indicators for tracking service performance. Several indicators were designed specifically for tracking the improvement of service quality. Baseline indicator results support USAID's understanding of the challenges facing FP/RH service expansion in Turkey. Results from the rapid assessment quality survey show that while service delivery networks are extensive, family planning service quality is inadequate.

Also, 1998 DHS results show that while unmet need for family planning is high, modern CPR is approaching a plateau. Modern CPR increased from 34.5% to only 37.7% between 1993 and 1998 (DHS). Family planning experts have long believed that this slow increase in modern CPR is due to the inadequate quality of FP/RH services and to client misperceptions about modern contraceptive methods. Poor quality and client misperceptions encourage the widespread use of less effective traditional methods backed up by abortion.

## **Quality of services**

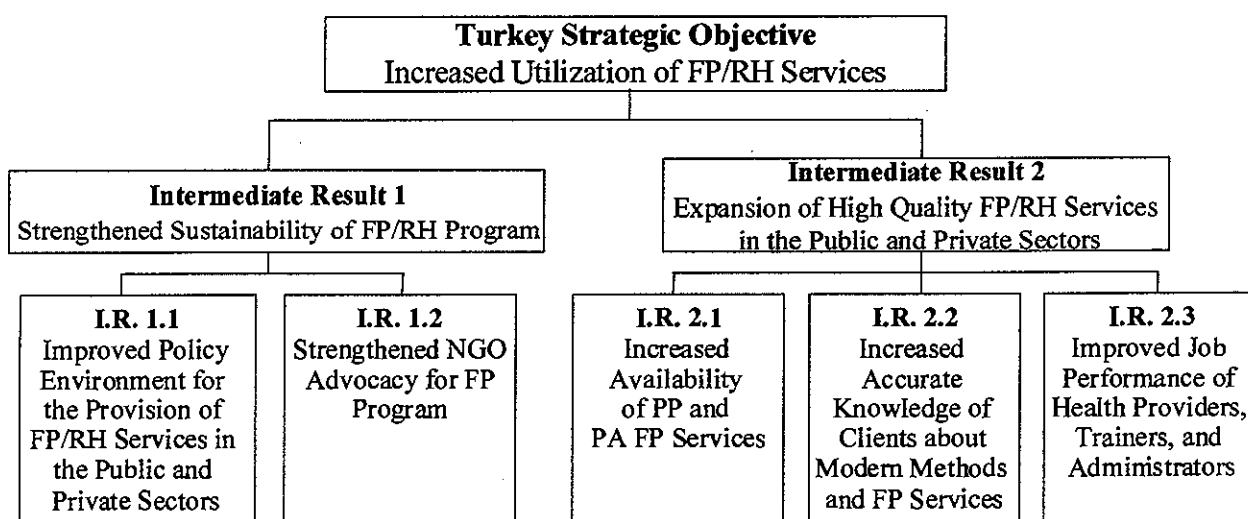
The baseline results of the quality survey highlight specific areas for improvement that can make a great impact on the quality and use of services. For example, although FP/RH services are now widely available, clinics are frequently stocked out of methods, IEC materials are not widely available, clients have a poor understanding of contraceptive methods, supervision mechanisms for providers are weak, and postabortion clients are not consistently informed about family planning choices. These and other shortcomings in the quality of services and systems prevent many clients from achieving their reproductive goals, and have prevented USAID/Turkey from achieving greater programmatic impact.

# STRATEGIC PLANNING



Overall, the revised strategic plan provides USAID/Turkey and its partners with a clear map to guide program progress over the next five years. By focusing interventions, consolidating activities and improving mechanisms for tracking program outcomes, USAID/Turkey can achieve its objectives of improving program policies and the quality of services.

## USAID / TURKEY RESULTS FRAMEWORK



## PROGRAM PROGRESS IN FY 1998:

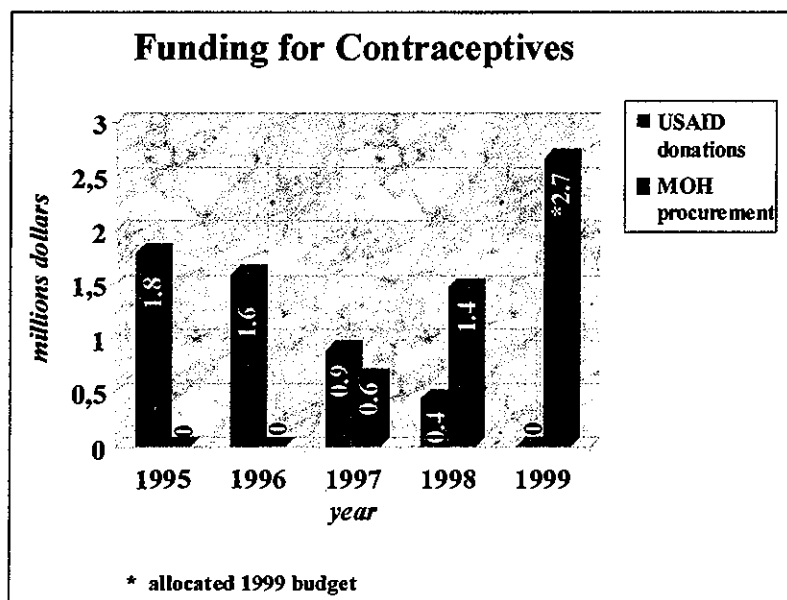
*The following summary of program accomplishments flows according to the results set forth in the 1999 – 2003 USAID Strategic Plan.*

### POLICY

#### *Result: Improved Policy Environment*

##### Contraceptive Self-Reliance

Under the POLICY Project's contraceptive self-reliance initiative, USAID has worked closely with the MoH over several years to plan for the phase-out of USAID contraceptive donations. In 1998, USAID began finalizing its phase-



out of contraceptive donations to the public sector. 1998 was the last year that USAID budgeted for contraceptives and the first year that the MoH made a substantial purchase of contraceptives for the public sector. The final shipment of USAID-funded commodities will take place in 1999. By gradually transferring

contraceptive procurement responsibility to the MoH, USAID has made an important step in ensuring the sustainability of public sector services.

#### *Result: Strengthened NGO Advocacy*

##### NGO advocacy campaign for contraceptive self-reliance

NGOs played an important role in the success of USAID's contraceptive-self reliance initiative. USAID supported the "KIDOG" women's NGO network to undertake an advocacy campaign for contraceptive self-reliance. Although USAID had worked with the GoT for years to plan for the phase-out of USAID contraceptive donations, the GoT was not budgeting sufficiently for contraceptives.

## **PROGRAM PROGRESS IN FY 1998: POLICY**

KIDOG publicized the impending crisis that would result if sufficient contraceptives were not available for poor women. The KIDOG network met with numerous stakeholders and conducted a media blitz to publicize the GoT's need to provide sufficient funds for public sector contraceptives. Most notably, KIDOG members met with Turkish President Suleyman Demirel and secured his pledge for additional family planning funding. KIDOG's advocacy campaign was an enormous success, resulting in President Demirel's commitment to a 10-fold increase in funding for contraceptive commodities.



*KIDOG representatives  
meeting with President  
Demirel*

### ***Result: Improved Policy Environment***

#### **National targeting strategy**

USAID's effort to establish a national targeting strategy is another important link to the contraceptive self-reliance initiative. With the eventual phase-down of USAID funding, the MoH will need to allocate its scarce resources more carefully. Current MoH policy calls for the provision of FP/RH services to all clients at no charge, regardless of a client's ability to pay. However, since the MoH does not have sufficient resources to serve all clients, many individuals simply go without services.

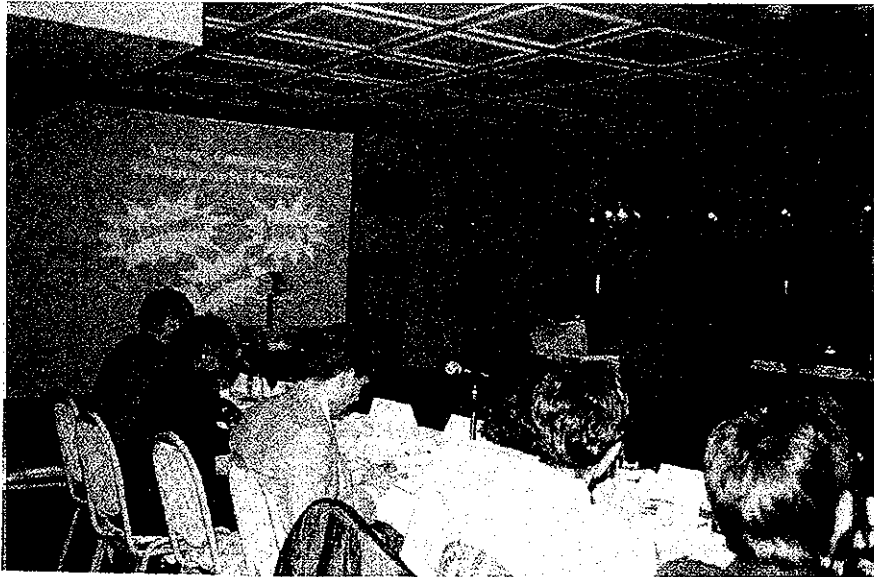
The POLICY project has been working with the MoH and other relevant partners to develop a national targeting strategy for family planning services. Under such a strategy, MoH resources would be directed to clients who are unable to pay for family planning services; and user fees would be assessed from clients who can afford to contribute.

While the details of the national targeting strategy have not been established, the MoH has finalized its decision to adopt a targeting strategy. The USAID

## ***PROGRAM PROGRESS IN FY 1998: POLICY***

---

Policy Project helped facilitate the consensus-building process among the MoH representatives and other stakeholders. The POLICY project conducted economic, political and legal feasibility studies to facilitate the decision-making process. The establishment of a national targeting strategy will help direct scarce public FP/RH resources to clients who cannot afford to pay for them.



KIDOG Press  
Conference for  
Contraceptive  
Self-reliance

## ***PROGRAM PROGRESS IN FY 1998:***

---

### ***QUALITY***

#### ***Result: Increased Availability of PA/PP FP services***

##### **Postabortion & Postpartum Initiatives**

Through the AVSC-led postabortion family planning initiative, USAID has helped dramatically reduce abortion rates in Turkey. Women's over-reliance on abortion for meeting reproductive goals has been a serious reproductive health problem for many years. In 1998, the abortion rate was 24 per 100 pregnancies. The abortion rate declined to 18 per 100 pregnancies in 1993 and fell to 14.5 in 1998.

A significant portion of this success can be attributed to USAID family planning interventions. USAID has been the only organization assisting host country institutions in designing and implementing postabortion family planning projects. AVSC conducted postabortion family planning workshops throughout 1998 in the public sector, and worked with SOMARC on improving postabortion family planning in the private sector. Workshops dealt with specialized clinical, counseling and MIS skills required by providers in order to efficiently deliver FP services to abortion clients.

Because 66% of all couples in Turkey want no more children (DHS, 1998), AVSC also has been working to expand access to permanent contraception. In 1998, AVSC trained 7 teams from SSK and MoH hospitals in minilaparotomy and 5 physicians in no-scalpel vasectomy. AVSC also developed new Turkish language brochures on vasectomy and tubal ligation. In 1998, female sterilization accounted for 4.2% of prevalence among currently married contraceptors – up from 2.9% in 1993.



*Postabortion family  
planning workshop*



## PROGRAM PROGRESS IN FY 1998: QUALITY

### *Result: Expansion of High Quality FP/RH Services*

#### Expansion of injectable contraceptives

In 1998, USAID engaged in efforts to expand the availability of two injectable contraceptives in the private sector. Depo Provera and Mesigyna injectables were introduced to Turkey in 1997 and 1998; however, they have not yet gained significant popularity. The SOMARC project worked with pharmaceutical companies to improve the availability and use of injectables.

SOMARC negotiated with Eczacibasi and Schering to conduct pharmaceutical detailing visits to facilities for the promotion of injectable contraceptives. The project also developed a package of consumer advertising and public relations materials on injectables, which included television advertisements. These efforts have helped improve consumer awareness about injectables.

#### KAPS Network

The KAPS health services network has expanded to include 49 private health facilities and 104 pharmacies in Istanbul. Health facilities include private hospitals, polyclinics and private practices. USAID promotes the KAPS network as an alternative to public sector services, providing quality family planning at affordable prices. In 1998, the SOMARC project led an effort to improve the quality of services in KAPS facilities by training providers in contraceptive technology, counseling and quality of care. SOMARC also provided technical assistance in marketing strategies to the KAPS network.



*Open-house at a KAPS hospital*

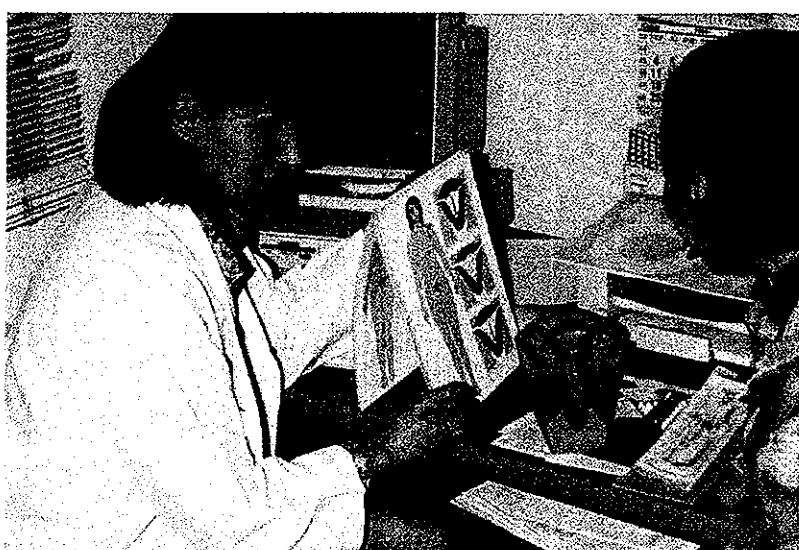
## **PROGRAM PROGRESS IN FY 1998: QUALITY**

---

***Result: Increased Accurate Knowledge of Clients about modern FP methods & services***

### **Improved counseling**

JHU/PCS developed a training-of-trainers (TOT) curriculum to improve providers' interpersonal communication skills. By improving providers' ability to communicate accurate information to clients, USAID can help dispel misinformation about modern family planning methods and improve clients' use of those methods. Interpersonal communication training sessions will be conducted for trainers affiliated with MoH, SSK and private facilities.



*Improved family  
planning counseling*

### **Reproductive health hotline**

In 1998, USAID continued to support the reproductive health telephone hotline that it established in Istanbul. The hotline provides callers with detailed, confidential information about a variety of topics related to reproductive health and family planning. This year under the SOMARC project, the hotline started live counseling services. The counselors received training in family planning and reproductive health counseling skills and served more than 5,000 callers.

***Result: Improved job performance of health providers, trainers and administrators***

### **Clinical training of midwives**

The JHPEIGO project has long provided clinical family planning skills training to physicians, and continues to do so in Turkey. In 1998, JHPEIGO focused its efforts on providing clinical skills training to midwives. The

## PROGRAM PROGRESS IN FY 1998: QUALITY

training of midwives is an important step toward improving clients' access to family planning services, by making those services available through numerous, lower-level providers.

Prior to USAID intervention, midwives could only receive certification in IUD insertion and family planning counseling after graduating from midwifery school and after receiving additional in-service training. Technical assistance from JHPIEGO helped the MoH agree to certify midwives in family planning during their fourth year of pre-service training. Also, JHPIEGO continues to improve the performance of all service providers by conducting structured follow-up visits in which on-the-job training is given. The visits help refresh providers' skills and help solve frequently encountered problems. Through follow-up visits, JHPIEGO has significantly improved the quality of family planning services. In one intervention involving 16 clinics, providers without standard counseling skills were all capable of providing counseling according to national standards by the fifth follow-up visit.



*Midwife in IUD  
insertion training  
workshop*

### IEC and Other Materials

In 1998, USAID and its CAs published and distributed new written materials to improve the interaction between FP/RH providers and their clients. The improved distribution and use of IEC and other written materials improves both the performance of providers and the knowledge of clients. The following wallcharts and guidebooks were developed to help providers better serve their clients:

- Infection Prevention wallchart
- Genital Tract Infection poster
- Family Planning Pocketbook for pharmacists
- Family Planning Pocketbook for nurses and midwives
- Students Reference Manual

## **PROGRAM PROGRESS IN FY 1998: QUALITY**

---

USAID and its CAs also developed an improved distribution system for written materials. The plan uses techniques for estimating necessary quantities of contraceptive commodities and applies these techniques to estimate the number of IEC materials that will be needed in specific facilities. With this strategy, USAID hopes to improve the availability and use of client-oriented materials in FP/RH facilities. This plan will improve the dissemination of the new materials described above as well as the distribution of the following materials, currently used by the USAID program:

- Pocketguide for family planning service providers
- National Family Planning Service Guidelines
- Family Planning Counseling Flipbook
- Method-specific family planning brochures for clients

### **Contraceptive logistics**

USAID's FPMD project undertook several activities in 1998 to improve the distribution of contraceptive commodities in Turkey. The FPMD project installed computerized MIS software in SSK facilities and trained SSK staff in its use. The new software allows for the computerization of contraceptive supply orders based on the quarterly analysis of service statistics. Additionally, FPMD assisted the SSK in preparing its first feed-back report for family planning clinics. The report provides comparison data for all clinics and introduces several performance indicators for monitoring.

### **Performance monitoring**

To improve the monitoring of services in local facilities, FPMD developed a family planning monitoring wallchart to help providers use data collected at the service delivery level. This simple service delivery monitoring tool walks staff through the necessary steps for the quarterly monitoring of service performance. By using the wallchart to enter performance data for each health facility, program managers can facilitate the identification of program strengths as well as problem areas.

Throughout 1998, FPMD also spent a great deal of effort coordinating the USAID Monitoring and Evaluation plan and collecting data for the revised USAID Strategic Plan. With assistance from the MEASURE 2 Project, FPMD administered the Rapid Assessment Quality Survey in Istanbul, analyzed the data, and prepared baseline indicator values. USAID will track these indicators over the next few years to monitor the overall performance of the population program.

# **MANAGEMENT, COORDINATION AND IMPLEMENTATION**

---

## **Joint Programming Team**

Representatives from USAID's Global Bureau, Europe and Newly Independent States (ENI) Bureau, and the U.S. Embassy in Ankara comprise the Turkey Joint Programming Team (JPT). The JPT oversees USAID's Population Assistance Program in Turkey. While the JPT prepares the country budget and approves annual workplans, the day-to-day management of the Population Program rests with the Embassy's Population Advisor and the Assistant Population Advisor funded under a University of Michigan Fellowship, with support from the Embassy's Deputy Economic Counselor.

## **CAs and Turkish counterparts**

USAID has contractual agreements with several U.S.-based organizations, which implement program activities in Turkey. The majority of these "Cooperating Agencies" (CAs) have local offices in Turkey and represent U.S. universities, voluntary organizations, and private companies. The CAs have diverse specialties in the areas of training, health policy, management, social marketing and communication for FP/RH programs. The CAs work with Turkish counterparts such as the Ministry of Health (MoH), the Social Security Organization (SSK), universities, NGOs, and private sector businesses.

**The following CAs/Projects are currently implementing the USAID Population Program in Turkey:**

- AVSC International
- JHPIEGO (Johns Hopkins Program for International Education in Reproductive Health)
- JHU/PCS (Johns Hopkins / Population Communication Services)
- Futures Group International /The POLICY Project
- Deloitte, Touche Tohmatsu Emerging Markets / CMS (Commercial Market Strategies Project) \*
- MSH/FPMD (Management Sciences for Health / Family Planning Management and Development Project)

\*This project was managed under the Futures Group International's SOMARC project until fall of 1998

In addition, MEASURE assists the USAID program in data collection and analysis

# **MANAGEMENT, COORDINATION AND IMPLEMENTATION**

---

## **Model for CA coordination**

All CAs work under a set of Standard Operating Procedures, developed by the USAID Joint Programming Team. The CAs report on their progress in completing workplan activities on a quarterly basis to the Embassy Population Advisors, who in turn report to the JPT. CAs submit budgets, travel plans, and a consolidated annual workplan to the Embassy Population Advisors. The consolidated workplan is a compilation of the CA objectives, major activities, and anticipated results. With the formation of the consolidated workplan, USAID has developed a model for coordination among CAs. By having CAs work together to complete one comprehensive workplan, USAID ensures that CAs will design and implement activities that complement each other and function as a whole toward achieving program goals.

## **Donor Coordination**

USAID continues to meet with members of the International Coordinating Committee on Population and Reproductive Health, which it helped establish in 1997. This donor coordination committee serves as a mechanism for international donors to collaborate on relevant FP/RH activities. The committee helped facilitate coordination between USAID and UNFPA, resulting in the joint funding of the 1998 DHS by these two donors. Donors which are active in the committee include the Japanese Cooperation Agency (JICA), the European Union (EU), the United Nations Fund for Population Activities (UNFPA), and the German Technical Cooperation (GTZ).

## **Participation of partners**

Over the last year, USAID has greatly improved collaboration with its CAs and partners. USAID has directly included all CAs and partners in the development and implementation of the revised USAID Strategic Plan. Partners include representatives from the MoH, SSK, universities, NGOs and the private sector. By including partners in the planning, implementation, monitoring and evaluation of the program, USAID can ensure joint accountability for outcomes. Close collaboration with partners is a better way of doing business for USAID, because it will facilitate the implementation of activities and improve programmatic impact.

## **APPENDIX:**

---

### ***USAID/Turkey Joint Programming Team***

#### **U.S. Embassy / Ankara**

Pinar Senlet, Population Advisor

Jill Mathis, Assistant Population Advisor

John Kunstadter, Deputy Economic Counselor

#### **USAID / Washington**

Roy Jacobstein, Office of Population

Monica Kerrigan, Office of Population

Mary Jo Lazear, ENI Bureau

Willa Pressman, Office of Field and Program Support

Carrie Whitlock, Office of Population

### ***Cooperating Agencies Contact List***

#### **AVSC International**

Cigdem Bumin, Ankara

Jeanne Haws, New York

#### **The POLICY Project**

Zerrin Baser, Ankara

Maureen Clyde, Washington

#### **CMS**

Gunes Tomruk, Istanbul

Margueritte Roy, Washington

#### **JHPIEGO**

Behire Ozek, Ankara

Terri Dean, Baltimore

#### **FPMD**

Ersin Topcuoglu, Ankara

Alison Ellis, Boston

#### **JHU/PCS**

Rebecca Holmes, Baltimore

#### **Measure 1**

Edilberto Loaiza, Washington